

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 585641

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		4		1		
6		4		1		
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
13		1				
14		1				
15	3					
16	3					
17	1					
18	1					
19	1					
20	1		1			
21	1		1			
22	1		1			
23		1		1		
24		1		1		
25	1		1			
26		1	1			
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49						
50						
TOTAL IND.	7		4			
TOTAL DEP.	32	←	14	←		←
TOTAL CLAIMS	39		18			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.					↓	
TOTAL DEP.					↓	
TOTAL CLAIMS					↓	